

# NIA NHP TISSUE BANK ORDER FORM

For billing and invoicing questions, contact BioReliance, 301-610-2510

OBRRD Office Use Only	NIA Confirmation Number	
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Provide **all** information. Final orders must be received by **noon Wednesday (ET)** for following week delivery. Email Tracy Cope [copet@nia.nih.gov](mailto:copet@nia.nih.gov) to inquire and confirm availability before submitting your final order.

Delivery date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Email: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of project: \_\_\_\_\_

Funding agency and grant number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

FAX: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

FAX: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

P.O. #: \_\_\_\_\_

Shipping Address:

Billing Address:


Species	Age	Gender	Tissue	Quantity		
				Frozen	Fixed	OCT

Special Instructions: